OSSEO AREA HOSPITAL/NURSING HOME, INC.

Developmentally Disabled

P.O. BOX 70

Referral Service Other Services

OSSEO 54758 Phone: (715) 597-3121 Ownership: Non-Profit Corporation ys of Operation: 365 Highest Level License: Ski tal? Yes Operate in Conjunction with CBRF? No (12/31/02): 50 Title 18 (Medicare) Certified? No 1/02): 54 Title 19 (Medicaid) Certified? Yes 41 Average Daily Census: 39 Operated from 1/1 To 12/31 Days of Operation: 365 Skilled Operate in Conjunction with Hospital? Yes Number of Beds Set Up and Staffed (12/31/02): 50 Total Licensed Bed Capacity (12/31/02): 54 Yes Number of Residents on 12/31/02: ************************************ Services Provided to Non-Residents | Age, Sex, and Primary Diagnosis of Residents (12/31/02) | Length of Stay (12/31/02) % Supp. Home Care-Household Services No | Developmental Disabilities 0.0 | Under 65 0.0 | More Than 4 Years 7.3 | No | Mental Illness (Org./Psy) 39.0 | 65 - 74 Day Services Respite Care Adult Day Care Respite Care No | Para-, Quadra-, Hemiplegic 0.0 | 95 & Over No | Cancer 2.4 | 7.3 | Full-Time Equivalent Adult Day Health Care ---- | Nursing Staff per 100 Residents 100.0 | (12/31/02) Congregate Meals 2.4 No | Fractures Yes| Cardiovascular Home Delivered Meals Other Meals No | Cerebrovascular No | Diabetes Transportation

 No | Diabetes
 0.0 | Sex
 % | LPNs

 No | Respiratory
 7.3 | ------ | Nursing Assistants,

Method of Reimbursement

		edicare itle 18			edicaid itle 19			 Other			Private Pay			amily Care			 anaged Care	 		
Level of Care	No.	96	Per Diem (\$)	No.	90	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	0	0.0	0	 1	3.4	145	0	0.0	0	1	8.3	138	0	0.0	0	0	0.0	0	2	4.9
Skilled Care	0	0.0	0	26	89.7	123	0	0.0	0	10	83.3	121	0	0.0	0	0	0.0	0	36	87.8
Intermediate				2	6.9	101	0	0.0	0	1	8.3	115	0	0.0	0	0	0.0	0	3	7.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		29	100.0		0	0.0		12	100.0		0	0.0		0	0.0		41	100.0

Provide Day Programming for | Other Medical Conditions | 26.8 | Male | 17.1 | Aides, & Orderlies | 50.7 | Mentally Ill | No | ----- | Female | 82.9 | Provide Day Programming for | 100.0 | ----- |

County: Trempealeau OSSEO AREA HOSPITAL/NURSING HOME, INC.

************************* Admissions, Discharges, and | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02 Deaths During Reporting Period | ------% Needing Total Private Home/No Home Health 21.9 | Daily Living (ADL) Independent One Or Two Staff Dependent Private Home/With Home Health 0.0 | Bathing 9.8 70.7 19.5 Other Nursing Homes 3.1 | Dressing 17.1 63.4 19.5 Percent Admissions from: Number of Residents 19.5 19.5 14.6 Other Nursing Homes 3.1 | Dressing 17.1 63.4 19.5

Acute Care Hospitals 75.0 | Transferring 43.9 41.5 14.6

Psych. Hosp.-MR/DD Facilities 0.0 | Toilet Use 39.0 43.9 17.1

Rehabilitation Hospitals 0.0 | Eating 75.6 14.6 9.8 41 41 Other Locations Total Number of Admissions
Percent Discharges To: 32 | Continence % Special Treatments Indwelling Or External Catheter 7.3 Receiving Respiratory Care

21.2 | Occ/Freq. Incontinent of Bladder 31.7 Receiving Tracheostomy Care

0.0 | Occ/Freq. Incontinent of Bowel 22.0 Receiving Suctioning

12.1 | Receiving Suctioning Receiving Ostomy Care 7.3 0.0 Private Home/No Home Health Private Home/With Home Health 0.0 | Occ/Freq. Incontinent of Bowel 0.0 Other Nursing Homes 0.0 Receiving Tube Feeding Acute Care Hospitals 18.2 | Mobility 0.0 Receiving Mechanically Altered Diets 34.1 Psych. Hosp.-MR/DD Facilities 0.0 | Physically Restrained 0.0 Rehabilitation Hospitals 0.0 | 3.0 | Skin Care Other Locations Other Resident Characteristics 0.0 Have Advan 2.4 Medications 45.5 | With Pressure Sores Deaths Have Advance Directives 100.0 | With Rashes Total Number of Discharges (Including Deaths) Receiving Psychoactive Drugs 56.1

	This Other Hospital-			A11	
	Facility	Based H	Based Facilities		ilties
	%	용	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	70.8	87.4	0.81	85.1	0.83
Current Residents from In-County	73.2	84.3	0.87	76.6	0.95
Admissions from In-County, Still Residing	34.4	15.2	2.26	20.3	1.69
Admissions/Average Daily Census	82.1	213.3	0.38	133.4	0.62
Discharges/Average Daily Census	84.6	214.2	0.39	135.3	0.63
Discharges To Private Residence/Average Daily Census	17.9	112.9	0.16	56.6	0.32
Residents Receiving Skilled Care	92.7	91.1	1.02	86.3	1.07
Residents Aged 65 and Older	100.0	91.8	1.09	87.7	1.14
Title 19 (Medicaid) Funded Residents	70.7	65.1	1.09	67.5	1.05
Private Pay Funded Residents	29.3	22.6	1.30	21.0	1.39
Developmentally Disabled Residents	0.0	1.5	0.00	7.1	0.00
Mentally Ill Residents	39.0	31.3	1.24	33.3	1.17
General Medical Service Residents	26.8	21.8	1.23	20.5	1.31
<pre>Impaired ADL (Mean) *</pre>	40.0	48.9	0.82	49.3	0.81
Psychological Problems	56.1	51.6	1.09	54.0	1.04
Nursing Care Required (Mean) *	5.5	7.4	0.74	7.2	0.76